PATENT APPLICATION FEE DETERMINATION RECOI								1	Application or Docket Number 91				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			30				F	RATE FEE		7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BA	BASIC FEE 375.00		OR	Basic Fee	750.00	
TOTAL CHARGEABLE CLAIMS			3 Ominus 20=		4		×	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 m	inus 3 =			×	X42=		OR	X84=		
M	JLTIPLE DEPEI	NDENT CLAIM P	RESENT					+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL		
	CLAIMS AS AMENDED - PART II								<u> </u>	10.,	OTHER	THAN	
2	28/05 (Column 1) (Colu					(Column 3)	SMALL		ENTITY	OR	SMALLENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	IER USLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.30	Minus	- 3	0	• ->	X	9=		OR	X\$18=		
	Independent	· 3	Minus	<u> </u>	3	-	X	12=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								40=		OR	+280=		
								OTAL I. FEE		OR	TOTAL ADDIT, FEE		
	1-9-06	(Column 1)		(Colum	n 2)	(Column 3)	ADUI	i. PEE		•	OUII. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	R/	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 30	Minus	# 3	0	<i>-</i> O	X	9=		OR	X\$18=	0	
	Independent FIRST PRESE	NTATION OF ML	Minus	PENDENT	CI AIN	-0	X	2=		OR	X84=	0	
			, e	CNDENT		لسلط	+14	10±		OR	+280=		
							ADDIT	OTAL FEE		OR ,	TOTAL LODIT, FEE	0	
		(Column 1)		(Colum		(Column 3)							
AMENDMENT C		REMAINING AFTER - AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	de -		-	X\$	9=		OR	X\$18=		
	Independent	•	Minus	644 CASCAS	24.4316	•	X4	2.		OR	X84=		
_	FIND I PRESE	NTATION OF MU	ILLIPLE DEP	ENDENT	MIAL	لللت					+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR	TOTAL		
	the "Highest Nur	mber Previously Pa ber Previously Paid	ld For IN THIS	S SPACE is	less than	3. enter 3.	AODIT. Iound in t				DDIT. FEE <b>L</b> Mn 1.		
VO 14	PTD-675 (Rev. 12)						_		art Office III				